

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

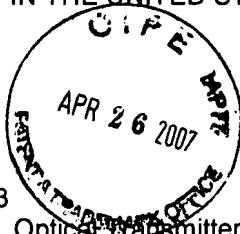
Kazuhiro Shimada

Serial No.: 10/685,996

Confirmation No.: 5833

Filed: October 14, 2003

For: Optical Receiver, Optical Transmitter and Optical Transceiver



Art Unit: 2613

Examiner: Hanh Phan

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450, on  
April 23, 2007

Date of Deposit  
William H. Wright Reg. No. 36,312  
Name  
Signature  
Date 04/23/07

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application

☒ Amendment and Response.☒ Replacement Abstract.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	1	-	23**	0	LG=\$50 SM=\$25	\$50	\$ 0
INDEPENDENT CLAIMS FEE	1	-	3***	0	LG=\$200 SM=\$100	\$200	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)				\$250 FOR EACH ADDITIONAL 50 SHEETS			\$ 0
TOTAL							\$ 0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐ A check in the amount of \$ 0 to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.

☐ A check in the amount of \$        to cover the extension fee is enclosed. A copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
HOGAN & HARTSON L.L.P.

By:

William H. Wright  
Registration No. 36,312  
Attorney for Applicant(s)

Date: April 23, 2007

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Appl. No. 10/658,996

Amdt. Dated April 23, 2007

Reply to Office Action of February 9, 2007

Attorney Docket No. 81788.0259

Customer No.: 26021

APR 26 2007

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AMENDMENT AND RESPONSE

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William H. Wright, Reg. No. 36,312

Name

Signature

04/23/07

Date

Dear Sir:

This is in response to the Office Action dated February 2, 2007. Please  
amend the above-referenced application as follows:

**Amendments** to the Abstract begin on page 2 of this paper.

**Amendments** to the Claims are reflected in the listing of claims which begins on  
page 3 of this paper.

**Remarks** begin on page 4 of this paper.